Please type a plus sign (+) inside this box	$\rightarrow \mathbb{C}$	
---	--------------------------	--

PTO/SB/01 (10-00) Approved for use through 10/31/2002, OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	o persons are required to respond to a collection of informatic	an unless it contains a valid OMB control climber
11. January Department Description Act of 1005	a necessity are required to respond to a collection of informatic	on united it committee a said one control
Inner the panerwerk reduction Act of 1909,	O DOI 30113 ELG LOGEN GO TO LOSPITA TO DI TOTAL DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DEL CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DE L	

	Attorne
DECLARATION FOR UTILITY OR DESIGN	First Na
PATENT APPLICATION	<u> </u>
(37 CFR 1.63)	Applica
·	Filing D

Declaration Submitted with InItIal Filing

OR

□ Declaration Submitted after Initial Filing (surcharge (37 ČFR 1.16 (e)) required)

Attorney Docket Num	AP639US	
First Named Inventor	HE, Gang	
COMPLE	TE IF KNOWN	
Application Number		
Filing Date		
Group Art Unit		
Examiner Name		

### As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Multi-Pass Tunable Optical Filter Using a Polarization Dependent Filter Element, and Multi-Pass Optics Therefor

(Title of the Invention)

the	specification o	f which

	İŞ	attached	hereto
--	----	----------	--------

UK	
	 (1414/000000

was filed on (MM/DD/YYYY)	,
---------------------------	---

as	United	States	Application	Number	or PC I	international
					(	if applicable).

Application Number

٢	and was amended on (MM/DD/YYYY)	

		٨.,	~~;
	1		
V)	1		
١,			

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified C	opy Attached? NO
Number(s)	Country	(WIWI/DD/1111)	1407 O'Million	723_	
2,304,898	CA	04/07/2000		0000	<b>T</b>

	application numbers are listed on a	

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYY)
60/195,204	04/07/2000

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commiscioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Palent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# **DECLARATION** — Utility or Design Patent Application

Dimet all correctiondones to:	tomer Numb lar Code Lab				ORX	Сопе	spondence address below
Name Thomas Adams							
P.O. Box 11100, St Address	tation H	I					
Addana							
Address Ottawa				Orita	rio	K2	H 7T8
City				State		ZIP	
	61	3 828	0012			6	13 828 0024
Canada Country		lephone				Fax	
I hereby declare that all statements made	herein of my	y own kno	wledge a	re true ar	nd that all statem lowledge that wi	ents r	nade on information and belief ise slatements and the like so
are believed to be true; and further that the made are punishable by fine or imprison the validity of the application or any patent issues.	gent, or both,	, under it	9 U.S.C. 1	IUU1 and	that such willful	18/59 5	statements may jeopardize tric
NAME OF SOLE OR FIRST INVE				A petiti	on has been	filed f	or this unsigned inventor
Given Name (first and middle [if any])  Gang				Family or Surn		HE	
	514	E					Date 3 april 200
Sainte-Foy			Queb	ec	Canada		Canadian
Residence: City			State		Country		Citizenship
823 De La L	ouisian	е					
Mailing Address  Mailing Address							
	Quebec			GlX:	3L4	7	Cariada
00220,	State			ZIP			Country
NAME OF SECOND INVENTOR:				A peti	tion has been	flled	for this unsigned inventor
Given Name (first and middle [if any])				Family or Suri	Name GA	RIÉI	PY
Inventor's							Date 2 april 2001
Signature Jacob Stoneham			Quebe	C	Canada		Canadian
Residence: City			State		Country		Citizenship
Mailing Address 158 Ave. du	1 Lac Es	t					
Malling Address							
Mailing Address Stoneham	Quebec	:		GOA	420		Canada
City	State			ZIP			Country
Additional inventors are being named	on the	suppleme	ntal Addit	ional Inve	ntor(s) sheet(s)	PTO/S	B/02A attached hereto.

Please type a plus sign (+) inside this box	$\equiv$
---	----------

Please type a plue sign (+) inside this box — 

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Speet Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, if a	ny:			A petition has be	en filed for	this unsigned inventor
Given Name (first and middle [if any	<u>(1)</u>		Family Name or Sumame			
Gregory Walter				SCHINN		
Inventor's Signature	li					Gapril 2001
Quebec City Residence: City	Qu State	e e		Cariada Country		Canadian Citizenship
Mailing Address 8 rue Garneau						
Mailing Address						
Quebec City City	Qu	iebec		GIR 3V1	Cari	ada
Oily	3620	8	<del></del>	ZIP	Count	.ry
Name of Additional Joint Inventor, if a	ny:			A petition has been	n filed for th	nis unsigned inventor
Given Name (first and middle [if any	<u> ])                                    </u>		Family Name or Sumame			Sumame
Martin			LAMONDE			
Inventor's Touter Farmende						6 april 2001
Quebec	- 1	nepec		Carlada		Canadian
Residence: City	Stat		Country Citizenship			Citizenship
Mailing Address 394 St-Germain, A	ipt.	3				
Mailing Address			<del></del>			
Quebec	Q Star	uebec		G1K 4N1		nada Intry
Name of Additional Joint Inventor, if a	ny:			A petition has been		s unsigned inventor
Given Name (first and middle [if any]	])		Family Name or Surname			
Inventor's Signature						Date
Residence: City	State	<u> </u>		Country		Citizenship
Mailing Address				<u> </u>		
Mailing Address						
Сну	State			ZIP	Cı	ountry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, washington, DC 20231. DO NOT 6END FEES OR COMPLETED. FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a	ı plus sign	(+) Inside	this box		+
---------------	-------------	------------	----------	--	---

PTO/SB/81 (10-00)

1 613 828 0024

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number		
Filing Date		
First Named Inventor	HE. Gang	
Group Art Unit		
Examiner Name		
Attorney Docket Number	AP639US	

I hereby appoint:			Place Customer	
Practitioners	at Customer Number		Number Bar Code	
OR	N. Albaha		Label here	
Practitioner(s	) named below:	n t	tration Number	
Thomas	Name Adams	31078	tration Number	
THOMAS	· Country · Coun			
	all and a second to the continu	tion identified above	o and to transact all	
as my/our attorney( business in the Uni	s) or agent(s) to prosecute the applicated States Patent and Trademark Office	ce connected there	with.	
Please change the d	correspondence address for the above	-identified applicati	on to:	
	ntioned Customer Number.			
OR				
Firm or Individual Name				
Address				
Address				
City		State	Zip	
Country		<del></del>		
Telephone		Fax		
I am the:				
X Applicant/In	ventor.			
Assignee of	record of the entire interest. See 37 C	FR 3.71.		
	nder 37 CFR 3.73(b) is enclosed. (For			
	SIGNATURE of Applicant or A	ssignee of Record		
Name	Martin LAMONDE			
Signature	matin Jumande			
Date	6 April 2001			
NOTE: Signatures of all the	inventors or assignees of record of the entire in sture is required, see below.	iterest or their represen	tative(s) are required. Submit multiple	)
D Total of4	forms are submitted.			_
	<u> </u>			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box		+
---	--	---

Approved for use through 10/31/2002, OMB 0651-0035 U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number		
Filing Date		
First Named Inventor	HE. Gang	
Group Art Unit		
Examiner Name		<del></del>
Attorney Docket Number	AP639US	

I hereby appo	nint:		<del>-, -, -, -, -, -, -, -, -, -, -, -, -, -</del>		
	ners at (	Customer Number		Place Customer Number Bar Code Label here	
		Name	R	egistration Number	
The	omas A		310	/8	
' <del></del>					
ļ			<del></del>		
<b>L</b>					
		r agent(s) to prosecute the applica States Patent and Trademark Offi			
		espondence address for the above ed Customer Number.	o-identified appl	cation to:	
Firm or					
Individual Na	ame				
Address				·	
Address					
City			State	Zlp	
Country					
Telephone			Fex		
I am the:  X Applican  Assigned	e of reco	ord of the entire interest. See 37 C	FR 3.71.	•	
Stateme	nl under	37 CFR 3.73(b) is enclosed. (For	m PTO/SB/96).		
	, — <u>.</u>	SIGNATURE of Applicant or A	ssign <del>es</del> of Reco	rd	
Name	Garie	HE .			
Signature	Signature Cythe				
Date					
NOTE: Signatures of all forms if more than one a	the invent	tors or assignees of record of the entire in	terest or their repre	sentative(s) are required. Submit multiple	
© Total of4 forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

1 613 828 0024

	Application Number			OMB control nu
	Filing Date			
POWER OF ATTORNEY OR	First Named Inventor	H	HE. Gang AP639US	
<b>AUTHORIZATION OF AGENT</b>	Group Art Unit			
	Examiner Name			
	Attorney Docket Number	A		
I hereby appoint:		r		
Practitioners at Customer Number		<b>→</b>	Place Cus Number & Label her	Ber Code
Practitioner(s) named below:				
Name	Re 3107	gistra	llon Numbe	
Thomas Adams	3(0/	0		
as my/our attorney(s) or agent(s) to prosecute business in the United States Patent and Trade	the application identified a emark Office connected th	bove, erewit	and to trans h.	sact all
as my/our attorney(s) or agent(s) to prosecute business in the United States Patent and Trade  Please change the correspondence address for The above-mentioned Customer Number.	emark Office connected th	erewit	n.	sact all
business in the United States Patent and Trade  Please change the correspondence address for	emark Office connected th	erewit	n.	sact all
Please change the correspondence address for The above-mentioned Customer Number.  OR Firm or Firm or The United States Patent and Trade	emark Office connected th	erewit	n.	sact all
Please change the correspondence address for The above-mentioned Customer Number.  OR  Firm or Individual Name	emark Office connected th	erewit	n.	sact all
Please change the correspondence address for The above-mentioned Customer Number.  OR  Firm or Individual Name	emark Office connected th	erewit	n.	sact all
Please change the correspondence address for The above-mentioned Customer Number.  OR  Firm or Individual Name  Address	emark Office connected th	erewit	n.	sact all
Please change the correspondence address for The above-mentioned Customer Number.  OR  Firm or Individual Name	emark Office connected the	erewit	to:	sact all

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, Washington, OC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO; Assistant Commissioner for Patents, Washington, DC 20231.

\_forms are submitted.

£ £

AP639US

Please type a plus sign (+) inside this box +	U.S. Palent and Trademan	PTO/S8/81 (10-00) I for use through 10/31/2002, OMB 0551-0035 k Office: U.S. DEPARTMENT OF COMMERCE on unless it display a valid OMB control number.
	Application Number	,
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Filing Date	
	First Named Inventor	HE. Garig
	Group Art Unit	

**Examiner Name** 

**Attorney Docket Number** 

I hereby appoint:						
	Customer Number	<b>□</b>	Place Customer Number Ber Code Label here			
	Name	Registrati	on Number			
Thomas A	dams	31078				
			į.			
· · · · · · · · · · · · · · · · · · ·						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
	espondence address for the above-identi ned Customer Number.	fied application to	<b>ɔ</b> :			
Firm or						
Individual Name						
Address		<del></del>				
Address			<del> </del>			
City		State	Zip			
Country						
Telephone	]	ax				
I am the: Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Stelement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	SIGNATURE of Applicant or Assigne	e of Record				
Name Gre	gory Walter SCHINN					
Signature .	my Delini					
Date Ap						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
<u> </u>	ms are submitted.					

Burden Hour Statement; This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the Individual case, Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

### **ASSIGNMENT**

(All rights, all countries)

In consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, receipt of which is hereby acknowledged, each undersigned inventor does hereby confirm his sale, assignment, transfer and setting over, and does hereby sell assign, transfer and set over to:

#### EXFO ELECTRO-OPTICAL ENGINEERING INC.

(Assignee),

whose full post office address is:

## 465 Godin Street, Vanier, Quebec, G1M 3G7, Canada

its successors, assigns and legal representatives, his entire right, title and interest, including priority rights, for all countries in and to certain inventions as fully set forth and described in Canadian patent application No. 2,304,898 and corresponding United States provisional patent application, both filed April 7, 2000, and entitled: MULTI-PASS TUNABLE OPTICAL FILTER USING A POLARIZATION-DEPENDENT FILTER ELEMENT, AND MULTI-PASS OPTICS THEREFOR together with his entire right, title and interest in and to any and all Letters Patent which may issue or be re-issued for said inventions to the full end of the term for which each said Letters Patent may be granted:

AND hereby authorizes the issuance to said Assignee of any and all said Letters Patent not already issued as the assignee of his entire right, title and interest in and to the same, for the sole use and benefit of said assignee, its successors, assigns or legal representatives:

AND on behalf of himself and his executors and administrators, hereby covenants and agrees to do all such lawful acts and things and to execute without further consideration such further lawful assignments, documents, assurances, applications, and other instruments as may reasonably be required by said Assignee, its successors, assigns or legal representatives, to obtain any and all said Letters Patent, in any country, for said invention and vest the same in said Assignee, its successors, assigns or legal representatives.

EACH of the undersigned hereby grants the firm Thomas Adams & Assoc. the power to insert in this Assignment any further identification which may be necessary or desirable to comply with the rules of a patent office for recordation of this Assignment.

	executed at Vanier	
	THIS 23 DAY OF May	2000
Witness Signature		
MICHEL LEALANC Witness' Name	INVENTOR 1: GANG TIE	
	EXECUTED AT Vanier THIS 23rd DAY OF May	-
	THIS 23 <sup>rd</sup> DAY OF May	2000
Witness' Signature Sorw Richard		
Witness' Name	INVENTOR 2: DANIEL CARLERY	

MICHEL LE ALAXX
Witness' Name

EXECUTED AT Vanier

THIS 23 DAY OF May 2000

INVENTOR 3. GREGORY WALTER SCHINN

EXECUTED AT Vanier

THIS 23 DAY OF May 2000

MICHEL LERIANC.
Witness' Name

INVENTOR 4: MARTIN LAMONDE